

General

Title

Colorectal cancer screening: percentage of patients aged 50 to 75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

Source(s)

American Gastroenterological Association (AGA). Appropriate follow-up interval for normal colonoscopy in average risk patients. Bethesda (MD): American Gastroenterological Association (AGA); 2017. 6 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 50 to 75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. Performance for this measure is not limited to the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

Rationale

In the average-risk population, colonoscopy screening is recommended in all current guidelines at 10-year intervals. Inappropriate interval recommendations can result in overuse of resources and can lead to

significant patient harm. Performing colonoscopy too often not only increases patients' exposure to procedural harm, but also drains resources that could be more effectively used to adequately screen those in need (Lieberman, 2008). The most common serious complication of colonoscopy is post-polypectomy bleeding (Levin et al., 2008).

Variations in the recommended time interval between colonoscopies exist for patients with normal colonoscopy findings. In a 2006 study of 1282 colonoscopy reports, recommendations were consistent with contemporaneous guidelines in only 39.2% of cases and with current guidelines in 36.7% of cases. Further, the adjusted mean number of years in which repeat colonoscopy was recommended was 7.8 years following normal colonoscopy (Krist et al., 2007).

Clinical Recommendation Statements:

At present, colonoscopy (CSPY) every 10 years is an acceptable option for colorectal cancer (CRC) screening in average-risk adults beginning at age 50 years (Levin et al., 2008). The U.S. Preventive Services Task Force (USPSTF) (2008) recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until the age of 75 years. The risks and benefits of these screening methods vary.

The USPSTF recommends against "routine" screening for colorectal cancer in adults 76 to 85 years of age who have been adequately screened. There may be considerations that support colorectal cancer screening in an individual patient (USPSTF, 2008). The preferred CRC prevention test is colonoscopy every 10 years, beginning at age 50 (Rex et al., 2009).

Evidence for Rationale

American Gastroenterological Association (AGA). Appropriate follow-up interval for normal colonoscopy in average risk patients. Bethesda (MD): American Gastroenterological Association (AGA); 2017. 6 p.

Krist AH, Jones RM, Woolf SH, Woessner SE, Merenstein D, Kerns JW, Foliaco W, Jackson P. Timing of repeat colonoscopy: disparity between guidelines and endoscopists' recommendation. *Am J Prev Med.* 2007 Dec;33(6):471-8. [PubMed](#)

Levin B, Lieberman DA, McFarland B, Andrews KS, Brooks D, Bond J, Dash C, Giardiello FM, Glick S, Johnson D, Johnson CD, Levin TR, Pickhardt PJ, Rex DK, Smith RA, Thorson A, Winawer SJ. Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps, 2008: a joint guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. *Gastroenterology.* 2008 May;134(5):1570-95. [210 references] [PubMed](#)

Lieberman D. Screening, surveillance, and prevention of colorectal cancer. *Gastrointest Endosc Clin N Am.* 2008 Jul;18(3):595-605. [41 references] [PubMed](#)

Rex DK, Johnson DA, Anderson JC, Schoenfeld PS, Burke CA, Inadomi JM, American College of Gastroenterology. American College of Gastroenterology guidelines for colorectal cancer screening 2009 [corrected]. *Am J Gastroenterol.* 2009 Mar;104(3):739-50. [133 references] [PubMed](#)

U.S. Preventive Services Task Force (USPSTF). Final recommendation statement. colorectal cancer: screening. [internet]. Rockville (MD): U.S. Preventive Services Task Force (USPSTF); 2008 Oct. [30 references]

Primary Health Components

Screening colonoscopy; follow-up interval

Denominator Description

All patients aged 50 to 75 years receiving a screening colonoscopy without biopsy or polypectomy (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Age 50 to 75 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The reporting period

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Diagnostic Evaluation

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients aged 50 to 75 years receiving a screening colonoscopy without biopsy or polypectomy

Denominator Criteria (Eligible Cases):

Patients aged 50 to 75 years on date of encounter

AND

Patient undergoing screening for malignant neoplasm of colon (International Classification of Diseases, Tenth Revision, Clinical Modification [ICD-10-CM] codes): Z12.11

AND

Patient encounter during the reporting period (refer to the original measure documentation for specific Current Procedural Terminology [CPT] or Healthcare Common Procedure Coding System [HCPCS] codes)

WITHOUT

Specific CPT Category I Modifiers (refer to the original measure documentation for specific CPT Category I Modifiers)

Exclusions

Clinicians who indicate that the colonoscopy procedure is incomplete or was discontinued should use the procedure number and the addition (as appropriate) of specific modifiers (refer to the original measure documentation for specific CPT Category I Modifiers). Patients who have a coded colonoscopy procedure that has specific modifiers (refer to the original measure documentation for specific CPT Category I Modifiers) will not qualify for inclusion into this measure.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Note: Refer to the original measure documentation for specific Current Procedural Terminology (CPT) Category II codes.

Exclusions

Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is greater than or equal to 66 years old, or life expectancy less than 10 years, other medical reasons)

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Registry data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

2016 Claims/Registry Individual Measure Flow: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #320: appropriate follow-up interval for normal colonoscopy in average risk patients.

Measure Collection Name

Colorectal Cancer Screening

Submitter

American Gastroenterological Association - Medical Specialty Society

Developer

American College of Gastroenterology - Medical Specialty Society

American Gastroenterological Association - Medical Specialty Society

American Society of Gastrointestinal Endoscopy - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2015 Jul 17

Core Quality Measures

Gastroenterology

Measure Initiative(s)

Ambulatory Surgery Center Quality Reporting Program

Hospital Compare

Hospital Outpatient Quality Reporting Program

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2017 Jan

Measure Maintenance

Measure is reviewed on an annual basis via the Merit-based Incentive Payment System (MIPS) measure review process

Date of Next Anticipated Revision

2018 Jan 1

Measure Status

This is the current release of the measure.

This measure updates a previous version: American Gastroenterological Association (AGA). Appropriate follow-up interval for normal colonoscopy in average risk patients. Bethesda (MD): American Gastroenterological Association (AGA); 2015 Nov 17. 6 p.

Measure Availability

Source not available electronically.

For more information, contact the American Gastroenterological Association (AGA) at 4930 Del Ray Avenue, Bethesda, MD 20814; Phone: 301-654-2055; Fax: 301-654-5920; E-mail: measures@gastro.org; Web site: www.gastro.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on February 26, 2009. The information was verified by the measure developer on April 13, 2009.

This NQMC summary was retrofitted into the new template on May 18, 2011.

This NQMC summary was edited by ECRI Institute on April 27, 2012.

Stewardship for this measure was transferred from the PCPI to the AGA. AGA informed NQMC that this measure was updated. This NQMC summary was updated by ECRI Institute on March 14, 2016. The information was verified by the measure developer on March 29, 2016.

This NQMC summary was updated again by ECRI Institute on February 20, 2017. The information was verified by the measure developer on February 22, 2017.

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Production

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